



DOCUMENT RETURN CHECKLIST

Please return this checklist in full and return to the Undergraduate Admissions and Access Manager no later than 1 September 2025.

Surname:..... **Forename(s):**.....

Documents for Return:

Please tick to confirm that you have sent the following:

- | | |
|---|--------------------------|
| 1. University Card Form (<i>including a passport sized photo</i>) | <input type="checkbox"/> |
| 2. College Student Contract | <input type="checkbox"/> |
| 3. Network Acceptable Use Policy | <input type="checkbox"/> |
| 4. Treasury Form | <input type="checkbox"/> |
| 5. Beaumont Elms Medical Practice - registration email confirmation | <input type="checkbox"/> |

Medical Registration (*Select one option*):

- ☐ As confirmation that I have registered with the College Doctors at Beaumont Elms Medical Practice / ***enclose the confirmation email from Beaumont Elms Medical Practice.***

Or

- ☐ I have decided to register with another medical practice in Oxford. *Please provide details in the notes section below.*

College Regulations & Student Information (*Please tick to confirm*):

- ☐ I confirm that I have read carefully the *College Regulations and Student Information*.

Signature:..... **Date:**.....

Notes: